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# Oral Hygiene

April  
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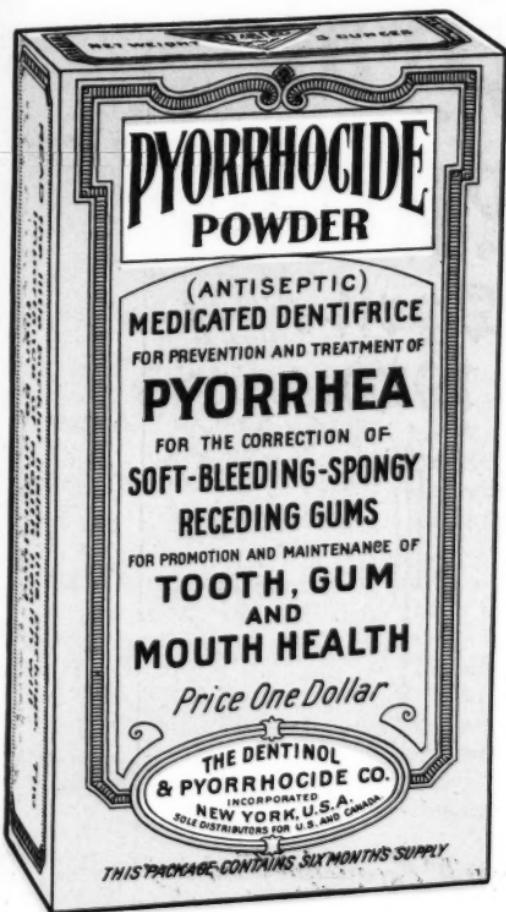
AKRON

Vol. 10

No. 4

# Pyorrhea—Co-operation

*The process of treating pyorrhea successfully  
is not always a short one*



The economy of time is a vital matter to a busy dentist. But the time used in educating the pyorrhea patient acts as a reward as the treatment advances.

In pyorrhea treatment, the procedure as a whole is less difficult if the professional work is interwoven with adequate, intelligent home-work by the patient.

Hence, a broad-working knowledge of oral hygiene is a need of the pyorrhea patient.

He should understand that his own efforts toward saving the tissues which support the teeth are of more importance than merely keeping the teeth clean.

In employing PYORRHOCIDE POWDER (antiseptic) as an auxiliary in pyorrhea treatment, a three-fold purpose is being served in that it aids in repairing diseased gum tissue, cleans and polishes the teeth and strengthens the patient's desire to co-operate.

## FREE SAMPLES

*Samples of PYORRHOCIDE POWDER for distribution, a trial bottle of DENTINOL for office treatment and a copy of "Causes and Effects of Pyorrhea" mailed free on request*

**THE DENTINOL & PYORRHOCIDE CO., Inc.**

1480 Broadway, New York

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

# ORAL HYGIENE

A Journal for Dentists

VOLUME X

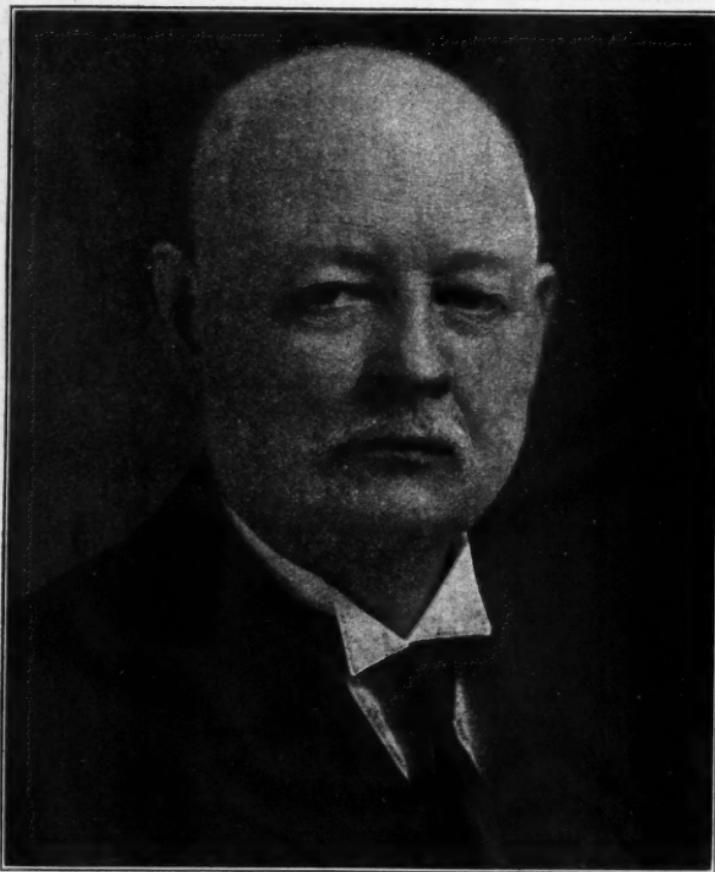
APRIL, 1920

NUMBER 4

**THE FIRST STEP  
IN PREVENTIVE  
MEDICINE LIES  
IN THE MOUTH.**

—MAYO

# The Status of



*Eugen P. Taitor*

# Dentistry in 1920

## Another Viewpoint

BY EUGENE S. TALBOT, M.D., D.D.S., CHICAGO

*The views of Dr. Eugene S. Talbot upon our educational status are of great importance. He has been one of our most progressive men for many years. Dr. Talbot's ideas have been a storm center in dentistry for more than a generation. Those who have strenuously differed in opinion with him have always acknowledged that Dr. Talbot is true to his convictions and that he has labored to make dentistry a great profession. Many of our thinking men have felt that a greater interest in dental education should be taken by the profession in general. The study of focal infection has brought a crisis in dentistry. Either we must take a more serious view of pathology and of bacteriology and of our relation to general health, or we must relinquish this broader vision of our responsibilities to some specialty of medicine and hold to mechanical procedure. Let no one believe that our highly skilled mechanical processes are not of great importance, but let us reach out and grasp our full possibilities of usefulness and honor.*

*Surgery is mechanics, but mechanics with careful education and judgment back of manual skill.*

*Before you disagree with Dr. Talbot, think it over and you are liable to reach a conclusion very similar to his and that is: our progress, our usefulness, and our salvation lie in the direction of thorough education.*  
—Editor ORAL HYGIENE.

**A**T the beginning of the year 1920 it is fitting that we should stop for a while and take soundings as to the position we now occupy as a specialty in its relation to medicine.

Much favorable comment upon a closer relationship is now being expressed by dentists because the world war has required the government to place dentistry in rank and pay on an equal footing with medicine and because focal infection due to bad dentistry has caused physicians to seek the cause of secondary diseases in our special field. Have we as a specialty accomplished anything to warrant recognition from the

government and medical profession, and if not, what is required of us to gain that recognition?

My love for my profession has prompted me to contribute more than twenty papers on dental teaching in the past forty-six years setting forth the dangers which are besetting our specialty, which is rapidly drifting into a trade rather than a profession. Very little attention has been paid to the fact which from time to time I have pointed out: that we are gradually drifting farther and farther apart.

Taking a broad educational view of the subject, in this paper

I shall confine my remarks to details rather than generalities and try to impress upon our dental teachers where our specialty stands in its relation to general medicine by the present method of teaching.

#### THE DENTAL SCHOOLS

All are familiar with the early history of dentistry and the reason why a separate dental college was established rather than combining the teaching of dentistry with a medical curriculum. The position taken by the medical faculty was that dentistry as practiced in those early days was purely mechanical and, therefore, had no place in medical practice. This was unfortunate but a perfectly proper decision.

The first dental school having been established in 1839, it became a nucleus from which schools gradually developed throughout the country until about twenty years ago there were over one hundred charters for schools in different parts of the United States. Some of these charters were never utilized however. There are at the present time about fifty-four schools in operation. In the original dental schools, chairs in the fundamental branches of medicine were established and these chairs have been retained in all the dental schools up to the present time. New departments have been added from time to time, such as bacteriology, oral hygiene, crown and bridge work, orthodontia, etc., as the demand and necessity required.

The period of study at first was of two years' duration.

From time to time the period of study has been extended to three and four and in one or two instances to five years when by authority of the state the college is permitted to confer the special degree of D.D.S. upon its graduates.

I have mentioned these details to show that dentistry has made some progress along certain lines. As a branch of the healing art, however, it does not stand as well today in its relation to medicine as it did eighty years ago, although the dental student pays as large fees and spends nearly as much time in college as the medical student. The reason for this is that the dental profession devoting itself exclusively in practice to the mechanics of dentistry has overdone its work at the expense of pathology which has developed secondary to almost every operation performed. If a committee composed of the deans of the dental schools were to go before the Council on Medical Education and ask for one year's credit for the dental graduate in the medical school course he would be turned down for the same reason as explained by the medical faculty in 1839. A similar answer would be given to the committee if the dental student had taken an eight-year course by the present method of teaching.

Dentistry is a part of the healing art or it is not. It depends upon the method of teaching. If it is to be a part of the healing art it must be taught as medicine is taught and not make pretense by having chairs in the fundamental branches of medicine

appear in the curriculum to confuse the student and the public. If dentistry is to consist only of mechanics, then these medical studies are wholly unnecessary and should not be considered in the curriculum at all.

At the present time there are two grades of dental colleges in this country, those which are actual departments of universities or colleges, and commercial schools. The university schools and colleges require an actual standard of education to qualify entrance into the dental department, while the commercial schools admit students, most of whom have not a common school education. There is an unwritten law that students, to enter a dental school, must be either graduates of a high school or they must pass an examination equal to that of the high school requirements. For some reason the students enter the dental school wholly unfit to become professional men. Most of them have not a common school education. These students enter the dental school from the farm, shop and factory and are unmindful of what is required of them when they enter practice. They pay their fee and the college should become responsible for their future conduct.

#### THE DENTAL COLLEGE TEACHERS

In our medical schools it is safe to state that a large majority of the teachers are university or college graduates with Bachelor degrees. Such progress has been made in teaching in the last fifteen years that it would be

almost impossible to find a new teacher in any department of medicine who is not a university as well as a medical college graduate.

This is not the case in our dental schools. There is hardly an instance in which a dental teacher is a graduate of a college or university. In the early days the dental teachers were at least medical graduates.

What are needed at the present time more than anything else are broadly educated teachers to change the environment of the college. The university spirit should penetrate the atmosphere of our dental schools. We need broadly educated teachers to do research work and write our text-books.

Much that is in our text-books at the present time, especially in histology and pathology, consists of material handed down from generation to generation mostly for padding purposes. Much of it should be eliminated altogether since modern research shows that it does not exist; in fact, many of the statements are crude while others are false.

The teachers in the medical branches of the dental college training have always felt until lately that these branches were a matter of form and that they were of little value to the dental practitioner. For this reason the students have always received a superficial education in their medical studies and the final examinations have been only a matter of form. The atmosphere which penetrates every dental school in this country causes the student to ignore the medical

side of dentistry and he naturally gravitates toward the mechanics of his specialty.

#### THE DENTAL STUDENT

Having entered college this uneducated student immediately begins to ascertain what is necessary for graduation. He soon learns that the mechanics of dentistry is the essential thing, since he cannot graduate until he can successfully perform certain operations on the teeth and make artificial dentures. Most of his thought and time is spent along these lines. Courses are pursued in the departments of anatomy, physiology, pathology, bacteriology, chemistry, etc., but are not considered of so much importance as is the mechanics of dentistry which applies directly both to graduation and practice.

The student begins his mechanical training almost as soon as he enters school. The result is that the ignorant young man, following the line of mechanics, on graduation enters practice as a mechanic rather than as a professional man. As I have already stated, by this method of teaching a six-year or eight-year course would not improve the mentality, or standing of the individual in the community.

Having graduated they expect to be qualified to serve the public successfully when they enter practice. They soon learn, however, that a broader knowledge of the essentials of medicine is necessary to cope successfully with the conditions presented by their patients than they had received in their dental training.

After entering practice the recent graduate soon learns that he is deficient in those branches of medicine so necessary for the skillful handling of the diseases of his patients. All dentists after a few years of practice regret that they did not receive a thorough medical training before entering practice.

#### THE PRACTITIONER

The training of the medical student from the time he leaves the common school and passes through the high school, the university, the medical school and hospital has broadened his mental vision to such an extent that he has become an educated man. In practice, in order to keep abreast of the times and compete with his fellow practitioners, he is required to devote considerable time to study and research. He buys the modern medical works and takes medical journals. He is well informed in all the latest thoughts in medical research. His education and training is always progressive. He is ranked as an educated man among the profession and in the community in which he lives.

On the other hand, the dentist entering the profession as an uneducated man, his college environment has tended to dwarf his mental faculties and his whole attention is given up to the mechanics of dentistry.

There are very few in our specialty who care or have the desire to improve their mental faculties after they have entered practice. He does not buy books or take journals and much less reads them. He settles down to the

mechanics of dentistry and retrogresses mentally.

The relation of mechanics to pathology is not understood. The mistakes made in practice are easily remedied by the removal of one or more teeth. Because of his ignorance and narrow education he thinks that one rule or method in diagnosis and treatment must govern all diseases in practice regardless of the many etiological factors entering into the pathology of a given case.

Because the dentist is ignorant of the relation of dentistry to general medicine and since he lacks the knowledge of pathology, we are drifting farther and farther from medical practice. The physician, therefore, is obliged to enter the field and show us our shortcomings. The frightful results of focal infections caused by faulty dental practice is a marked illustration of this statement.

Are dental teachers so blind that they cannot see that the medical branches of dentistry are only partially taught in their schools?

In the place of books and journals dental clinics on mechanics are being substituted at the present time throughout the country, which is causing dentistry to drift farther and farther from the mother profession and the recognition and treatment of diseases of the mouth.

#### THE PROFESSION

As I have stated, there is not a dentist who has been in practice five years who does not wish he had taken a full medical course.

Why does the dental profession, knowing its shortcomings, sit

quietly back and let our dental schools turn out uneducated and ill-prepared graduates year after year?

Is he satisfied to be simply called "doctor" regardless of his ability to serve the public satisfactorily? Is he satisfied with the position he occupies in its relation to general medicine and his standing in the academic, professional and social world? Is he satisfied to remain in an uneducated profession?

What position are we now to occupy as a profession since nearly one-half of our practice has been taken from us by the discovery of disease—the result of filling the roots of teeth? Filling the roots of teeth by our present methods is a failure. Dead teeth, therefore, must be extracted. This brings us as a profession back to where we were in 1839—the extraction of teeth with exposed pulps and abscessed teeth and the insertion of artificial dentures. This leaves the profession with no alternative but to prevent tooth decay.

By our present college training we are taught that prophylaxis is the panacea for tooth decay. The motto "Clean teeth will not decay," has been adopted by the profession as the standard for future guidance. Nurses are being trained to do this particular kind of work. The dentist has been too busy and the remuneration so small that he cannot afford to give the time to this particular work.

What is to become of the future dentist? Will he be satisfied to share his practice with the dental nurse or will he, by the present

method of college training, devote all his time to cleaning teeth, putting in fillings, extracting and making artificial dentures to compensate for his loss in other directions? As a profession we know that the motto "Clean teeth will not decay" is not true.

As a profession we have cared for our patients to the best of our knowledge for over eighty years and we have not stopped tooth decay. Barrels and barrels of mouth wash, tons and tons of tooth powders and tooth pastes and thousands of dozens of tooth brushes are recommended, and bought by the laity every year.

Our most faithful patients who come to us four times a year require our constant attention as long as they live. We all know that some of the most filthy mouths have sound healthy teeth.

How can we expect any great progress along lines of pathology by an uneducated profession? To make progress requires research work. To do research work requires first an academic education not only to give the student a broad liberal knowledge of things in general, but primarily to train the mind to think, reason, and to store up knowledge for future reference. It also requires a broad medical education to understand what is required and what has already been accomplished along a given line of thought. He is then prepared to take up research and work out the pathologic problems so necessary in our practice. He will be emancipated from writing, reading and publishing papers con-

taining the most elementary foundation principles of medicine familiar to every physician.

When the standard of medical education was not in harmony with the requirements of medical practice the profession instituted proceedings, the influence of which brought most excellent results.

The condition of medical education in 1904 was not unlike that of dentistry today. There were about 156 medical schools in this country. A few were connected with universities and colleges but the majority were commercial schools.

Through the influence of the Council on Medical Education the standard has been raised and the number of schools by combining one with another or by dropping some out altogether, has been reduced in the last fifteen years to eighty-five. Only 2.5 per cent of all colleges in 1904 required for admission two years of work in a College of Arts and Sciences as compared with 95 per cent at the present time.

What a wonderful change, and what results when the profession gets started in earnest to accomplish something!

To reach the standards of an educated profession, beginning with the year 1920, there is no experimental work to be performed. The medical profession has already blazed the way and it is our duty to follow in its footsteps.

Are dentists proud of their profession?

If so, they should insist on its being an educated profession.

# The Direct Message

## Should the Dental Profession Take Its Message Direct to the Public?

By GEORGE B. HYNSON, PHILADELPHIA

**S**HOULD the dental profession take its message direct to the public?

In an endeavor to get the right slant on this question, I have sought light from a number of sources.

First, I asked an ethical dentist of high standing. He was evidently pained that such a question should be raised, for he said: "If you mean that the profession should advertise, emphatically, no!" And it was impossible to get him to qualify or elaborate his thought.

Next, I sought out an advertising dentist and propounded the same question to him. He answered as readily as his ethical brother. He said: "I don't give a hang whether the profession goes direct to the public or not; as far as I am concerned, that's just what I'm doing, and I find it pays pretty well."

Then I decided that, as the public has some interest in the matter, I would sound my old friend, the hardware merchant, who has always evinced a disposition to discuss such matters with me without prejudice.

So I plumped it right at him: "Uncle Bill, do you think the dental profession should take its message direct to the public?"

"Well," he drawled, "have they got any message?"

I assured him that they have.

"Does it concern the profession most or the public most?" he wanted to know.

"It concerns the public most," I replied promptly.

"Is there anybody besides the profession competent to present this message?" he demanded.

"There is not," I said.

"Then," he went on in measured tones, "I think the profession is unethical if it withholds such a message."

It was perfectly evident that my friend was thinking of ethics in the everyday, ordinary sense of that term, and was utterly unaware of that elaborate scheme of professional conduct which the dentist recognizes as ethics, so I proceeded to elaborate my thought.

"You see," I said, "a professional man doesn't believe in advertising; he isn't selling commodities but is giving skill and knowledge. A man can advertise goods, but it is questionable taste for a man to advertise himself."

"Yes, I see that," said my friend, "but isn't there a difference between a dentist advertising himself and a whole profession advertising dentistry?"

"Possibly," I said.

"I suppose," he continued, "that if a preacher were to advertise himself, claiming to preach sermons better than anybody else, he would be condemned."

"Yes, he certainly would."

"But," Uncle Bill went on, "he isn't condemned for preaching the gospel. He is condemned if he doesn't."

"But the business of the preachers is to save souls," I said.

"Yes, and the business of the dental profession is to save teeth. Isn't it?" he demanded.

He took my breath away for an instant. Still I seemed to see a difference, so I said: "You see, a dentist gets his emoluments" (a perfectly ethical word) "from his patients; if the profession

profession anyway—does it want the public to know that abscessed teeth should be pulled and that decayed teeth should be filled, and that plates may be fitted to all mouths in need of them?"

I was horrified at his question. "Do you mean to tell me that this represents your idea of the profession?" I asked.

"Why, yes," he said.

"Then you have no conception of what the profession stands for," I declared. "Do you know that dentistry is vitally concerned in the problems of general health,

**"If the dental profession has a message that is as vital to humanity as you say and deliberately suppresses it because of something labeled 'ethics' then that profession is — "**

collectively engages in publicity, will not the individual dentist be open to the charge of seeking to profit by it, and wouldn't that be unethical?"

"All right," he said; "let's go back to my illustration of the preacher. According to your theory, the preachers shouldn't proclaim their gospel too vigorously lest they bring more people into the churches, and that might result in raising the preachers' pay. As a matter of fact, that is usually what happens."

My friend went on: "What kind of message has the dental

that many of the diseases which afflict humanity are traceable to diseased teeth, and that in many instances, in order to restore normal health, we must begin with the mouth?"

"I didn't know it is as bad as that," he said.

"It's worse than that," was my retort. "Why, it has been established that neuritis, arthritis, ulcers in the stomach, appendicitis, rheumatism and even tuberculosis often have their origin in defective teeth—or that oral defects are a contributory cause."

"Why didn't you tell me that before?" he demanded.

I was stumped for an answer. I could only say: "It never occurred to me. I suppose I assumed that you knew about these things."

"How was I to know?" he returned. "How is anybody to know if they are not told? It is true that the advertising dentist has printed circulars mentioning these things, but we have discounted the story because the ethical fellows have taught us to regard all advertising dentists as liars and charlatans."

"Well," I replied, "the medical profession has established the fact that all these troubles I have described, and many others, come from oral infections."

"Oh, I see," he said, "then you hold that it is the duty of the medical profession to inform the public regarding dental matters."

But I demurred at this. I said that the medical profession is inclined to present such questions from their own professional viewpoint, that their field is so broad that it includes all phases of health and sanitation, and that I was afraid, if the story were left to the medical profession, it would never get told—at least, not effectively.

"Then it seems that the dental profession has entered into a conspiracy to keep the public in ignorance," he said.

"How do you make that out?"

I wanted to know.

"Why, it's perfectly plain," he came back. "It's a story that the layman isn't competent to tell, because it is technical; the advertising dentist mustn't tell

it, because he is biased and unreliable; the medical profession won't tell it, because it has its own message to present; and the ethical dentist is prohibited from proclaiming this gospel just because of ethics. The answer is that the public must remain in ignorance. Why," he exclaimed, "this amounts to a conspiracy that in trade we would call 'criminal'."

This was going further than I had anticipated. It is merely another instance of the utter inability of the average layman to comprehend professional ethics.

My friend looked at me quizzically. "Young man," he said, "there is something else behind this. Are you sure that you haven't exaggerated the evils that follow dental neglect?"

"Not in the slightest," I averred.

"And would proper dental attention relieve many of these conditions and prevent a large proportion of them?"

"It surely would," I asserted.

"And is the profession, generally speaking, competent to render the required expert service?" he asked.

"Well," I said, "of course there are good dentists and poor dentists and a good many between these extremes, but many of them—perhaps the majority—are competent."

"And you are afraid of the rest?" he persisted.

I did not reply. In fact, I didn't know exactly what to say.

"I know what you're thinking," said my friend, "and you're wrong as usual. You're thinking that, if the masses are taught to

have their teeth cared for, some of them will not get the highest degree of service, because some dentists ought to be selling hardware—isn't that it?"

"Yes," I answered, "that's about the truth."

"And you would have the profession refuse to advocate 100% dental service until it is ready to do the work 100% efficiently?"

"In general terms, yes," I said.

"Then, if you are waiting for that," he said, "all the dentists might as well close their shops, for I don't suppose the best of them are 100% efficient." His tone was very decided.

"No," he went on, "you've got the wrong slant. There isn't anything we have for sale that is perfect. A button comes off your coat, your shoes rip, a new tire of the best make blows out, your wife doesn't always greet you at breakfast with a smile, you

sometimes have to spank that angel baby of yours, and the preacher sometimes turns the gospel into jazz."

"Well, what's the answer?" I inquired.

"There is only one answer," he said, "and it's the same old answer, every time and for everybody—for individuals and for groups of individuals: If you have a service to render, you must let somebody know about it. You may chose your own method, but be certain that it gets across. And in proportion as your message is important, in that proportion you have the responsibility to proclaim it. If the dental profession has a message that is as vital to humanity as you say and deliberately suppresses it because of something labeled 'ethics,' then that profession is—"

"Negligent," I broke in.

"No, bone-head," he said.

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Worthy of more than passing notice are the governing precepts of the public and private life of Theodore Roosevelt, one of the biggest and truest of Americans. They are given in his own words:

I believe in honesty, sincerity, and the square deal, in making up one's mind what to do—and doing it.

I believe in fearing God and taking one's own part.

I believe in hitting the line hard when you are right.

I believe in speaking softly and carrying a big stick.

I believe in hard work and honest sport.

I believe in a sane mind in a sane body.

I believe we have room for but one soul loyalty, and that is loyalty to the American people.

## A Tribute to Dr. Henry W. Morgan

AT a recent meeting of the faculty of the School of Dentistry of Vanderbilt University, called in honor of the memory of their late co-worker and leader, Dr. Henry W. Morgan, the following resolutions were unanimously adopted:

In the death of Dr. Henry W. Morgan the dental profession has lost one of her brightest lights. Truly, his life was spent in the service of his fellow men, and in rendering this service, he lived true to an ideal which was ever dominant in his heart. His was a positive character. With strong convictions, in defense of which he was outspoken and fearless, there mingled such kindness of heart and absolute loyalty to friends, that those whose rare privilege it was to know him well will always feel the imprint of his personality in their lives.

Dr. Morgan sought truth for its own sake; with error he was uncompromising. During his lifetime he did more to advance the cause of dental education and to uphold the highest standards of dentistry than any other man in the South. His close connection with the School of Dentistry, Vanderbilt University, both as Dean and Professor of Operative Dentistry, gave opportunity for some of the most far-reaching activities of his whole life. In the history of this institution, the name of Dr. Morgan will occupy a place second only to that of his illustrious father. We who have been cheered and heartened by his

friendship and have profited through his counsel and leadership, feel his absence keenly. Our palms yet tingle with the sincerity of his handclasp, and his clear, sharp eye still looks encouragement and hope into ours. He did good deeds with singleness of heart, without ostentation. Many of us recall instances of Dr. Morgan's nobility of soul. The widow, the orphan, the struggling student, the young dentist blue and discouraged—all received something which made life's burdens lighter. As we gather in our minds the fruits of his life and note their quality, we feel that he indeed caught the spirit of the Master. When we come to view the good that was in the life of our departed friend, his faults sink into insignificance. Thus it is with all who live for the highest.

Words, we know, but poorly express the profound sentiments of our souls. Yet, we take this means of paying, as best we can, a tribute of respect and love to the memory of our brother, and of expressing our sincere sorrow in his death. We shall not look upon his earthly face again. His voice is hushed among us. Yet, have we really lost him? Has he passed out of our lives forever? No! While the body is reposing in Mother Earth, his work, his spirit, are with us still. His work remains a monument imperishable; his spirit, the "flaming torch," is thrown to us. This we must catch and bear aloft as we follow in his footsteps.

In expressing our sense of loss,

we do not forget the bereaved ones in the home. Our hearts go out to them in their hour of deep sorrow, and especially do we sympathize with her whose devotion to our brother was the joy and inspiration of his life. May her sorrow be tempered in the contemplation of a life so worthily

spent. Dr. Morgan did not live in vain. He tasted the joys of noble achievement and passed the cup to others. Let all of us find solace in the assurance that he has already heard the Master say, "Well done, thou good and faithful servant. Enter thou into the joy of thy Lord."

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He who destroys a fetish is a benefactor of mankind (the aphorism is my own). Such a benefactor is Dr. Volland of Iowa. In a recent lecture on inlay technic, he has destroyed many fetishes and cleaned out a great deal of rubbish from the cerebral convolutions wherein we kept our knowledge of inlay making. Dr. Volland has sixty-six—more or less—perfect inlays to prove that good castings do not require special materials or apparatus but just common sense and nothing more.

Who will be the next benefactor? Several other branches of our profession need a similar house cleaning. Local anesthesia, for example! I saw a book the other day on nerve blocking anesthesia. It must have contained very nearly a thousand pages. Knowing the author, I do not question the excellence of his production but I cannot help wondering how he managed to fill up that many pages on a subject which is rather limited, unless he begins the anatomy of the fifth nerve with the history of cell division, and the physiologic action of novocain with a description of the carboniferous age.—*American Dentist.*

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He has achieved success who has lived well, laughed often, and loved much. Who has gained the respect of intelligent men and the love of little children. Who has filled his niche and accomplished his task. Who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul. Who did not lack appreciation of earth's beauties nor fail to express it. Who looked for the best that was in others and gave the best he had. Whose life was an inspiration and whose memory is a benediction.—*Stanley.*

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Our courts today resound with a babel of foreign tongues and it is quite a common experience for our judges through the vicarious medium of an interpreter to hear the testimony of foreign-born persons who, though having lived among us for 15, 20, and even 25 years, are unable to speak English.—*Judge Thomas H. Dowd.*



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## A Gotham Clinic

**N**EW York Schools have dental clinics where children's teeth are kept in proper order.

Students of the Columbia Dental College of New York, aided by instructors and nurses, help give the proper treatment to the school children.

The photo shows a busy scene in the dental school room.

# From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, IND.  
*Contributing Editor*

## How Many Teeth Go On One Intra-Oral Negative?

**A**S a rule three approximating teeth may be radiographed on one intra-oral negative, without undue distortion or blurring. Some exceptions to this rule are: (1) The upper anterior teeth where, usually, but two teeth go on one negative without distortion. (2) The lower incisors where, if there is no irregularity, four teeth go on the negative. (3) The combination of lateral incisor, cuspid and first bicuspid—whether upper or lower—will not go on one negative without foreshortening and the consequent danger of overlooking infection. (4) Irregular teeth. For example, in case of a V-shaped arch it is impossible to get a good radiographic view of the two central incisors on one negative; it takes two negatives.

By using the high-above angle and a large film (Eastman No. 1A, 1B and No. 2) placed horizontally or semi-horizontally in the mouth, as many as six, or even eight teeth can be gotten on one negative, but there is great likelihood of distortion and the necessary high-above angle may fail to register existing evidence of infection. Therefore such negatives should be made only in carefully-selected cases—where the examination is for supernumerary teeth and odontomata for example.

## RADIOGRAPHS VS. THE FLUOROSCOPE

The following is a postscript tacked on to a letter recently received from a manufacturer of X-ray apparatus:

"Will you not, in some of your articles in *ORAL HYGIENE*, point out to the dentists that the use of a fluoroscope in a dentist's office is absolutely unwarranted? We are getting calls from time to time from dentists for fluoroscopes but we discourage it as much as possible and would appreciate your taking it up and pushing the good work along."

I find it very easy to comply with the request. It is my opinion that the dental fluoroscope in its present state of development is worse than worthless.

I wrote the following about the dental fluoroscope some nine years ago. It is indicative of no development at all that what I said then still holds true:

"To use the fluoroscope, the operating room should be dark. It is best that the operator remain in this darkened room for some time until his eyes become accustomed to the darkness before making the exposure. Hold the fluoroscope inside of the mouth, and have the tube placed so that the X-rays will pass through the part to be observed, and strike the fluoroscope.

"The disadvantages of the fluoroscope are:

"1. The operator must expose himself to the actions of the X-rays.

"2. Either the time for observation must be made very short, or both operator and patient must be exposed to the rays unnecessarily and dangerously long.

"3. The picture on the fluoroscope lacks detail.

"4. No record of the case, other than a mental picture, can be kept, while a negative may be referred to as often as expediency or necessity demands.

"5. From an educational standpoint, the fact that prints, lantern slides and half-tones can be made from negatives is a great advantage."

The dental fluoroscope never has been an important diagnostic instrument, nor can I see now anything resembling a bright future for dental fluoroscopy in the field of diagnosis.

Perhaps the dental fluoroscope may hold some possibilities *as an aid to the operating surgeon* (pulp canal and oral) but such possibilities have not been realized as yet, and it is discouraging to contemplate the disadvantages, dangers and obstacles lying between the present state of development and the visionary possibilities of the future.

#### THE MANUFACTURER

Speaking of manufacturers, let me attempt something unusual. Let me pause to pay my respects to manufacturers. I have always intended to do it, and I may as well do it right here and now.

There is a ridiculous belief among some professional men that

manufacturers are a rather inferior lot compared to professional men.

I have already pointed out elsewhere that the Forsyth brothers and George Eastman are manufacturers.

I don't believe there ever was a public welfare enterprise launched by the dental profession which led to an appeal to the manufacturer or dealer for help that the appeal was not answered. And answered in fine spirit, not reluctantly or grudgingly, but enthusiastically, whole-heartedly and liberally.

The first educational dental motion picture was financed by a dental manufacturer.

The manufacturers and dealers have done more than their share for practically every free dental clinic in the country.

Ten years ago it was a manufacturer's money that made it possible for the writer to print just about all of the interesting dental radiographs that he could get together to prove the value of the radiograph in the practice of dentistry. And money for such a purpose simply could not have been obtained from any other source.

Along about 1908 a manufacturer of a dentifrice pledged a certain sum of money to be spent in dental educational work "*whether it paid or not.*" Since that time I have never failed to read that manufacturer's educational advertisements as they have appeared in the lay magazines and I have never seen a single dishonest or misleading statement. A company which can talk to men through its advertising, for over ten years, without a sign of dis-

honesty, simply must be clean clear through.

Within the last year two large and highly respectable manufacturers have printed objectionable advertising in our dental magazines. These companies deal in goods appertaining to radiodontia and the field is new to them. Because of my special interest in radiodontia I wrote to these manufacturers explaining to them wherein their advertisements were not entirely what they should be from an ethical standpoint. *And both of them changed their ads.* As a courtesy to me personally you suggest? Heavens no! Big companies are as indifferent to the individual as Nature. They changed their ads because I made them see that the advertisements were not as strictly honest and fair as they might be. And so of course they changed them. For honesty and fairness, I have found is the policy of most manufacturers, especially the successful ones.

Almost six years ago a manufacturer of X-ray machines put a dental X-ray machine on the market which was away ahead of its time. This company lost thousands of sales because it would not back down from its high standard—or *did it lose the sales?* Perhaps they were only postponed.

The manufacturers of the cheap gewgaws one sees in five and ten cent stores need not and perhaps do not subscribe to a very strict ethical code. With the manufacturers of dental and medical goods it is a distinctly different matter.

Whether, like dentists and physicians, dental and medical manufacturers subscribe to a for-

mal code of ethics I do not know, but I do know that, for the most part *they practice ethics* of a very high order.

The wages of writing is to be misunderstood. But, please, my good reader, do not construe what I have said as evidence that I think that all manufacturers are as "pure as the driven snow."

Manufacturers have their nostrum makers and their quacks, their men so warped in mind and soul or so whipped by an unkind fate that they think it is necessary to be dishonest, just as dentistry and medicine have their lame ducks. But these men are the exceptions. Most of the manufacturers and dealers I know, and some I don't know save by their work, have my unreserved admiration, confidence and respect.

#### DON'T BE A SLACKER

H. T. said it—not me, ladies, not me. He said it when G. W. got married. He said, "We never know when we're well off, do we?"

I, for one, did not know when I was well off or I should never have started an investigation of the dangers of the X-rays. I feel like the discouraged soldier who "loved his country but hoped he would never love another country."

I knew there would be quite a little work connected with an investigation such as I planned to make, but, mercy, I didn't realize there would be so much.

*I warn you*, not to look for a report from me on this investigation soon. Better not look for one at all, just be surprised when you see one some time in the distant future.

I had hoped that the necessity of writing letters could be avoided but I find I cannot understand many of the answers to the questions in the questionnaire as given and will therefore have to ask for further enlightenment. Frankly, I'm confused when an answerer answers "none" to the question "What means of self-protection do you employ?" and in the line above has just told me he uses a type of X-ray unit which, as far as I know, has never been supplied to operators without some sort of protection for them.

And I get discouraged worse even when an answerer answers "none" to question seven, "Have you ever had any symptoms which might be attributed to the X-rays?" and encloses a letter describing a skin affection which may prove to be either metol poisoning or X-ray dermatitis.

I blame myself for not being sufficiently specific in the third question. Not more than half the answerers answered this question in a satisfactory, comprehensive manner.

As printed the third question read: "What means of self-protection do you employ?"

I see now that I should have put the question like this: *The following are the different means of protection for the operator against the X-rays. Which of them do you employ? Answer by number. Also state if you employ any means of protection not mentioned here.* (1) Lead screen with lead glass window. (2) Lead screen without lead glass window, operator using mirror. (3) Lead glass bowl with open top. (4) A rubber lead-impregnated cover; or rather

semi-cover, for X-ray tube. (Also Friedlander's shield.) (5) Gas tube made of lead glass save for a window of ordinary glass. (6) Coolidge tube entirely encased in a lead glass protection shield. (7) Coolidge tube made of lead glass except for window of ordinary glass. (I am informed that such tubes are made though I have never seen one.) (8) Keeping the active hemisphere of the X-ray tube turned away from the operator.

If, patient reader, you recall that you did not answer question three clearly you will expedite matters if you will "come again."

And those of you who have not filled out your questionnaires yet, be governed in your answer to No. 3 by the above. You will find the questionnaire in the January issue of *ORAL HYGIENE*, page 31, also the February issue, page 196. Please fill in your answers and send them along, now. *This is, I hope, the last time I shall ask you.* Though I have a gratifying number of answers already, the value of the investigation increases in direct proportion to the number of replies received, so every additional one helps.

Don't leave it to the other fellow; it isn't fair. YOU should do YOUR share, and do it now. Send in your questionnaire; get out of the "slacker" class.

#### RADIOGRAMS

Dr. Clarence O. Simpson has written the *best paper* on the localization of unerupted teeth. The title of the paper is "Radiodontic Examination With Special Reference to Localization of Unerupted Teeth." It was read before the

American Society of Orthodontists and has been printed in the *International Journal of Orthodontia and Oral Surgery and Dental Items of Interest* of October 1919.

Dr. Simpson's technic is simple, practical, effective, excellent. However, one thing stands seriously in the way of its employment by many dentists. A very high-powered X-ray machine is necessary. The little dental machines with the tubes with a three-inch parallel spark back-up do not have sufficient penetration.

The writer describes a method of localization in the December, 1919, issue of *Dental Items of Interest* which, though not as good as Dr. Simpson's, has the one advantage of not requiring the use of a high-powered X-ray machine.

In passing let me give a little tip: Read whatever you find under the name of Dr. Clarence O. Simpson. I do, and I have never been disappointed. Simpson not only has worth-while things to say, but he has a worth-while way of saying them.

My friend, M. S., sends me a clipping from a newspaper. As an example of sheer subtlety it is a gem, a masterpiece in miniature. It is a dentist's advertisement. I quote the interesting part of it: "WHY I ADVERTISE MY DENTAL WORK. Why should we, in business, who want to advance, who feel that we deserve more, hold back and watch actors, politicians and semi-public persons advertise themselves into good jobs, money and fame? For many years I considered it immodest to let anyone know how good I was and then I woke up

and put over an advertising campaign of myself."

N. H. speaks of the dentist looking at a radiograph ("by transmitted light") as "the modern crystal gazer."

Making his masterful report on the dangers of the X-rays, I. L. F. says that none of his patients have lost their hair as a result of the use of the X-rays, but quite a number of them have lost their teeth.

What has become of the old-fashioned dentist who used to say, "There now, the nerve's out and that tooth will never bother you again."

My friend Ambler's book, "Facts, Fads and Fancies About Teeth" has a place in my book-case along with other dental books on various subjects. J. H. remarks, "What an appropriate name for a dental text book."

I am not joking when I suggest the following primary course in shadow formation which should help you if you are having trouble with angles in your radiodontic work: Select a high over-head street light—not one on a post—and walk under it, watching your shadow. The street light corresponds to the X-ray tube, you correspond to the tooth, the ground to the film and your shadow to the radiographic image. Note the relative position of "light, object and film" and the effect change has on the shadow.

Set your hat at various angles—set it away back on your head and note the effect on the shadow.

# An Appreciation of the Late Dr. William W. Belcher

By M. D. K. BREMNER, D.D.S., CHICAGO

Reprinted from *The American Dentist*

THERE will, of course, be many obituaries printed in the various dental journals telling something about the life of the deceased and about his services to the dental profession to which probably not much more can be added since the facts are of common knowledge. But I want to express my personal appreciation of Dr. Belcher as a man who had the courage of his convictions, who was not afraid to stand up and be counted on the side which he believed was right—a rather uncommon virtue these days.

As an illustration, I am going to relate a little incident of my own experience which shows the kind of stuff Dr. Belcher was made of.

It was in the early days of the Dentists' Mutual Protective Alliance. We had just opened our campaign for members in the city of New York. We had sent out an elaborate letter setting forth in detail the seriousness of the Taggart patent litigation and what it meant to dentistry, if through lack of proper defense Taggart should win his suit in Chicago. Very soon after our letter went out the Second District Dental Society of New York City issued a bulletin to its entire mailing list misstating the facts about the Alliance and it became necessary in order to

protect the name of our organization that I should go to New York City and right before that society refute the wrong statements and correct some of the warped facts and half truths which were being circulated about us. However, I realized that this meant going into a lion's den. It was said that the Second District Society was rabidly pro-Taggart, and to make things worse, Dr. Ottolengui—one of Taggart's staunchest supporters and his star witness at the trial—was the presiding officer that year; furthermore, the *Bulletin* which these men caused to be issued certainly indicated that for some unknown reason they were so anxious to help process patent monopoly to establish itself in our midst that they were not particular about the means or the methods. Therefore, under these circumstances I was quite justified to entertain great doubts about my receiving fair treatment at the meeting, and so the idea came to me to call on Dr. Belcher. I was sure that if he were present they would not dare deny me a fair hearing because they would not wish to have their tactics told to the dental profession through the pages of *ORAL HYGIENE*. I had only met Dr. Belcher once previous to that time. He came over to my office shortly after

I was elected president of the Alliance. We had a long talk upon the Taggart case both pro and con, but I was not quite sure where he stood. Still I took a chance and wired him as follows: "Am to appear before the 2nd District Society of New York. Your presence will insure me fair treatment," and within an hour I received the reply "What time does your train arrive at Rochester?" Matters turned out just as I expected. I was alone against all the orators in that society. I was haggled, sneered at, but I was given a hearing because, and

for no other reason than that Wm. W. Belcher was there.

We were at a critical period in the history of our organization. A great many of the leaders in dental affairs insisted on remaining neutral. Editors in particular adopted this attitude with but very few exceptions. The dental press was closed to us, but Dr. Belcher was not of that type. When he believed in anything he was not afraid to admit it or defend it if it became necessary. I wish there were more like him amongst us. His death is a great loss.

Under the system of education now in force in the U. S. Army it is possible for men to receive instruction so as to fit them to be carpenters, blacksmiths, pharmacists, dental assistants, engine workers, mechanics, draftsmen, stenographers, truck gardeners, motor drivers, repair men, telegraphers, radio and telephone operators, etc. Such educational subjects as English, geography, mathematics, United States history and modern languages are also taught. Of course, at the present stage of the game it is not possible to give instruction in all subjects at any one camp or post, but so far as practicable, the desires of the enlisted man as to the courses to be taken by him will be met.

A certificate will be given by the local commanding officer or school officer to each man who successfully completes a course, indicating that he has satisfactorily completed the course studied. A standard War Department certificate will later be adopted, and the possession of such a certificate by a soldier who has been discharged with a character of "Excellent" will be sufficient recommendation to a civilian employer as to the qualifications of the discharged soldier for employment.

On the other hand, it is highly important that the men themselves take the thing seriously and realize that the Government is concerned not only in making trained soldiers of them, but also making of them self-supporting and self-respecting members of the communities to which they will return on discharge.

This work is unique in the history of the Government, and highly important in showing the trend of the army in facing the new problems developed by the World War. It will result in making the army in time of peace a more valuable factor in the life of the Nation by producing men of the best possible type, having a good general education, possessing a useful trade, but, above all, thoroughly trained in moral character and the duties and responsibilities of good citizenship.

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## 32's—68's

### It's An Ill Soul That Sheds No Good

By JOHN PHILIP ERWIN, D.D.S., PERKASIE, PA.

*Dr. Erwin's philosophy is always interesting and usually optimistic. His viewpoint is quite different from that of any other dental writer. Whether you agree with him or not he gives you mental exercise.—Editor ORAL HYGIENE.*

**T**HREE are two kinds of people in this world, the 32's and the 68's.

Great men behold great things.

Emma Goldman and her affinity Berkman, lately deported to Russia, saw in the American citizen crime and corruption; viewed American institutions as deadly machines of greed and graft; called the Stars and Stripes a dirty rag. They are 32'ers.

On Christmas day Mr. John D. Rockefeller donated to humanity one hundred million dollars. For personal praise and glory? Never! That grand citizen gave thus liberally because, with his broadened vision, he saw in the American citizen an honest, well-intentioned individual; because he beheld in American institutions sacredness of purpose; because Old Glory to him is an emblem of democracy—the standard of the best government on earth. Mr. Rockefeller is a 68'er.

*Faith in self, faith in fellowman, faith in flag, form firmest foundation for all successes.*

The leading anti-federalists of 1787, Clinton, Yates and Lansing, in opposing the forming of a more perfect union and the adoption of a national constitution prophesied dissolution of the

states, establishment of a monarchy and rule by vicious and intemperate rich. They saw in the Federal Constitution naught but despotism and disaster. Time has proven them false prophets. They were 32'ers.

The federalists, Washington, Franklin and Hamilton, with near-divine foresight, believed that, "in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity," it was necessary to "ordain and establish this constitution for the United States of America." Who today dare question the wisdom of their act. They undoubtedly were 68'ers.

*False prophesies ne'er begat immortality.*

Seven prominent dentists, all leaders in their profession, in reviewing the past seventy-five years of dental history, in the *Dental Cosmos*, told only of the glorious achievements, of the noble deeds, of the immortals who builded this wonderful history. The faults, the foibles, the failures of our fore-professional brethren were never mentioned. Not

that there were no dark spots but that these broad-visioned writers saw only the brightest lights. Could these seven wise men have served us better? Are they not 68'ers?

*Honor to those who praise.*

Many years ago an angry mob brought a wicked woman before a judge that he might condemn her, thereby permitting them to stone her to death. Not one of the rabble defended the woman. Everyone boisterously testified against her. They gloated over the hope of seeing her die in agony. They were less than 32'ers.

But what of The Great Man? Was He of the vile-visioned who cry, "Stone her! Stone her to death! She is all bad! Down with America! The country is rotten!"

No! fellow Americans. He teaches a lesson many of us need to learn at this particular time; a principle, without which, there can be no glorious victories.

Turning to that blood-thirsty mob, looking the leaders in the eyes, He exclaimed, "Let him who is without sin cast the first stone."

Came the glorious climax. As the accusers slunk away, He turned to the weeping woman and said "Woman, go and sin no more."

Immortal drama. Because the leading actor was a 68'er? No! Immortal because He was a 100% man.

Truly, there are two kinds of people. First, those vitriolic, vindictive wretches who see in the capitalist a tyrant, in the laborer a Red, in society vampires and vultures, in the church the devil. Those who bark at a cork because it refuses to sink. They face the North. See barren hills snow capped, short sullen days, lengthy bleak nights. They hate.

Then, those benign, sympathetic souls who behold in their fellows, not the fruits of inherent sin but rather the Divinity born within us all. They face the South. Behold fields fertile and productive, crystal-clear streams gayly dancing their way down to the sea, the touch of the Master's hand. To lift up, to sympathize, to encourage, to praise, that is their religion. They truly love.

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For God and country we associate ourselves together for the following purposes: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred per cent Americanism; to preserve the memories and incidents of our association in the Great War; to inculcate a sense of individual obligation to the community, State, and Nation; to combat the autoocracy of both the classes and the masses; to make right the master of might; to promote peace and good will on earth; to safeguard and transmit to posterity the principles of justice, freedom, and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.—*Preamble of the Constitution of the American Legion.*

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# Department of Lay Education

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## “Your Teeth”

By REA PROCTOR McGEE, M.D., D.D.S.; PITTSBURGH, PA.

*Here is another of the stories, prepared for newspapers. Others of these will be printed in future issues.*

### Nothing is New

“When in the course of human events it becomes necessary” for one tooth to be removed from the company of its fellows, there should be a good and sufficient reason for its removal and it should be removed with all of the care and skill and surgical asepsis and absence of pain that is possible with present-day knowledge and equipment.

The realization that the teeth and mouth have far-reaching effects when they are septic is not a new one. It was just overlooked for a few years. We fooled ourselves for a long time with the notion that the different parts of the body did not have very much effect on each other. Fortunately it is now realized that the cause of trouble may be far distant from its site. Hygiene and sanitation teach us the best known methods for the prevention of disease.

Oral hygiene has for its first object the prevention of disease in the mouth in order to preserve the functions of the mouth and

the general health, second the cure of diseases of the mouth and teeth and the repair of defects in order to restore the mouth to a normal condition, third the removal of focal infections in the mouth that not only endanger the local tissues but the general health as well.

Dr. Benjamin Rush who signed the Declaration of Independence wrote in 1801, “I have been made happy by discovering that I have only added to the observations of other physicians, in pointing out a connection between the extraction of decayed and diseased teeth and the cure of general diseases.” It is very unfortunate to loose a tooth, but when any tooth is hopelessly diseased it is not only destructive to the other tissues of the mouth, but a menace to the entire system and its removal should be accomplished without delay. The course of human events has often been interfered with by an abscessed tooth.

November 21, 1919  
Dear sir i got one case of  
smallpox in [REDACTED] [REDACTED]  
i havent got no  
Report Cards and i would  
like to have some  
from william [REDACTED], H.O.  
[REDACTED] in Ohio  
R 21 D

This letter, from which names and places have been blotted out, illustrates the type of man whom many villages and townships formerly appointed to the important position of health officer.

## Can Such a Man Protect a Community's Health?

What further argument is necessary to show that Ohio needed better local health administration?

We hear so much about higher education these days; this, from the *Ohio Public Health Journal*, would indicate that some phases of medicine could stand another dose of A.B.C.'s.

# Facing the Sunset of Life—In Want

*Something about the Relief Fund of the National Dental Association.*

By W. T. CHAMBERS, D.D.S., DENVER, COLO.

THE decision of the National Dental Association to create a Relief Fund for the benefit of our incapacitated members, their widows and orphans, was certainly a most commendable undertaking. It has required several years to collect an amount that would seem at all adequate, the interest from which could be utilized for such a splendid purpose. While everyone, who has participated by contributing his mite, deserves credit, it is to the persistent and sustained efforts of Drs. E. S. Gaylord, C. McManus, L. G. Noel and Otto U. King that the Fund has now reached proportions sufficient to render help to those members of our profession who are in need. Dr. L. G. Noel of Nashville, Tenn., is responsible for the idea, and the adoption of his resolution by the National Association at Cleveland—the beginning of this movement, which is destined in the near future to become, as originally intended, a stern reality.

It is quite evident all members of our profession are not in sympathy with those who reach old age financially embarrassed. The practice of dentistry does not develop the financial side of our natures. While more attention is now given to the real business side of our professional efforts as indicated by the lectures of Mr. Harry Bosworth, we must con-

fess that, until recently, the time, thought and energy of most dentists have been concentrated upon satisfactory and successful work.

Some of our most noted men with international reputations as writers and brilliant operators have been quite devoid of what has been termed the financial sense. These same men were ever ready to make any sacrifice to present a paper or give a clinic at a meeting when requested. In many instances, when called upon in the office by colleagues they were quite willing to dismiss a patient to demonstrate some method of practice or render any help in their power. Many of these noble men, while they had a good earning capacity, were very free with their money in assisting any brother in need, and liberal in contributing to any cause that would benefit the profession.

A survey of those members of our profession who have reached the sunset of human activity, without the necessities of life, reveals the fact that they have not been dissipated or immoral men.

Most of them have been so enthusiastic in their work, so devoted and consumed in the perfection of an instrument, or the demonstration of some theory or method of practice, which might benefit the profession and

humanity, that the financial side has never entered their minds.

As we look back upon them we can see they had a vision of what our profession needed.

They knew the men who were struggling to do good work with the limited knowledge and the instruments, appliances and materials then available, and they were unselfish in their efforts to improve conditions.

They knew dentists, trusted them, believed in them, endeavored to find out what they wanted. In a word they loved the profession. Many of them were the very incarnation of strength, tenderness and everlasting bigness and power to those who came in contact with them.

Many of the financial failures, and this does not necessarily mean professional failures, in our profession can be attributed like others to concentration or enthusiasm in one particular avenue to the exclusion of all other ideas. The thought of making provision for the proverbial rainy day is never considered by some. According to Dr. Frank Crane, this business of living is similar to walking a tight rope. It may be said to be a matter of balance. The enthusiast or genius carries a heavy weight in one hand. It is very difficult for him to keep from wobbling. The development of a faculty to excess is likely to be at the expense of the others.

The statistics of a life insurance company published recently are as follows: Out of every 100 men, 65 will attain the age of 65. One of this number will be found

wealthy at the age of 65. Four will be well to do. Five will be self-supporting. Fifty-five will be dependent upon friends or charity. The percentage among our members is not so high.

While no definite method of distributing the income from the Relief Fund has been decided upon, it has been generally understood it would be utilized for the purpose of affording temporary relief to members of our profession or their families, who, through sickness, accident or other misfortune, have become dependent.

In a moral sense, the world is a hospital.

It is difficult to find anyone who is thoroughly well. Some are convalescent, but none seem to be altogether beyond the attention, consideration and tenderness due the sick. The trouble may be either physical or mental. If we imagine anything, with sufficient intensity, it becomes almost a reality. Surely there is not a heart free from pain in the world if we consider the personal trials, crushed hopes, defeated plans and unrealized ideals. If this is true when we are in health and prosperous, it does not require a great stretch of the imagination to picture ourselves in the position of unfortunate brothers who have reached the end of their professional careers unable to practice and without the necessities of life. Unfortunately a dental practice cannot be continued when the practitioner becomes incapacitated, and it is rare when such a man can embark in any commercial enterprise and attain success, for his

training as a professional man does not as a rule tend to develop commercial efficiency.

For this reason we should consider it a privilege and pleasure to contribute to this great philanthropic undertaking of our National Association, to care for those members of our profession who are in actual need.

Ella Wheeler Wilcox appropriately said:

"What do the dead care for the tender token,

The love, the praise, the floral offerings?

But palpitating, living hearts are broken

For want of just these things."

In this time of almost worldwide distress there has been a wonderful quickening of the sense of common humanity. The great heart of America has been deeply stirred by the sufferings and the sorrows of other lands.

The streams of beneficence have flowed deep and wide, and the blessing has been two-fold. It may be truly said of this splendid tide of helpfulness, "It is twice blest; it blesseth him who gives and him who takes."

But there are special claims

which must not be forgotten, claims none the less just and urgent because they are not spectacular. Among them are the necessities of men who are associated with ourselves in the relationship of a common calling or profession, men who, after years of work like our own, are looking toward the sunset. Often through no fault of their own, they are facing want, in some cases with families dependent upon them.

The years of want may follow the years of plenty with any of us. Every worthy man has a right to the sympathetic aid of those who stand beside him in the common business of life. The recognition of such a bond goes far to lessen the hard conditions of business life. It helps to transform the desert into a garden of beauty. And we all may share in the fruit thereof.

To lend a hand is to enlarge the heart—to make life richer for us all. This appeal that is now being made for the Relief Fund is an opportunity not only to help our brethren but to promote, among our craft, that spirit which unifies and inspires.

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America is neither Anglo-Saxon, nor Teuton, nor Celt, nor Slav, nor Hebrew. It is all of these plus. America uses race antecedents and race qualities as stepping stones. Race and race traditions may be a virtue or a vice as we use them or abuse them, just as your past may become helpful or harmful to you, as you dominate it or are mastered by it. In America we use our racial antecedents for the sake of our national purpose.

## Stray Thoughts

By ARTHUR R. BAUMANN, D.D.S., NEW CASTLE, PA.

*If you should ever meet Dr. Baumann on any of his travels or on any of your travels, you will remember him. He is a live wire. When he takes a trip, which he does frequently, it is always a little journey to some "dental shrine." He says we are pretty much alike. Every community shows approximately the same types with here and there a man with new ideas and interesting experiences. These men with the new ideas and interesting experiences are what it takes to make a "dental shrine."—Editor ORAL HYGIENE.*

AFTER attending dental meetings of all kinds, meeting the men at various clinics and post grads., as well as at home and in their own local clubs, one just naturally can't help but think what really great heights we might attain, were we to put our own selfish interests to one side and dig in and work for the common good.

Let's stretch out a helping hand to the fellow who needs it, instead of trying to place ourselves on a false pedestal from which we are bound to get a tumble sooner or later.

It brings up the old subject of ethics, as old as the hills and it seems as though it is just as little understood as ever.

Too many of us are prone to condemn the man who advertises (truthfully or not) as being beyond redemption, and pass up entirely the fellow next door who is infinitely more unethical than most advertisers.

In fact, usually the fellow who is the most active against the advertiser is the worst offender against ethics. For instance, the following descriptions can readily be picked out in any community or in any dental society.

Here is the bird who knows he is good; in fact down deep in his little selfish heart he insists that he is the best little dentist he ever knew.

Now it may be all right for him to feed his unlimited appetite for praise, by furnishing his own.

This bird never made a failure in his life, and if he got the fees he claims he does, he would have to hire a corps of clerks to make out his income returns.

He likes his own work so much he can hardly bear to part with it, and before his patient can have this incomparable piece of work, be it a bridge, inlay or any other portable applicance, it is carried around in the pocket, and exhibited to all his acquaintances, at the butcher's, the baker's or any other place that has enough customers to form an admiring audience.

This is usually the first fellow to stand up on his hind legs and deplore the fact that our noble profession is polluted with such unethical people as advertisers.

Another type is he who would not for the world say a word against a fellow practitioner, nor for him either.

He is probably the most unethi-

cal and does more harm in stirring up unpleasant feelings in the profession than any other type. He won't stoop to criticize another fellow's work, but, with a shrug of his shoulders, or a knowing and wise look, he'll say infinitely more against a man or condemn his work more severely than another could with mere words. This fellow is, of all the ones we have to deal with, perhaps the most contemptible.

Now comes the boaster; it may be about his ability or his fees or both.

Some fellows have placed them-

He has kept his position through sheer personality, is satisfied to practise in his own peculiar way, doesn't believe in all these new-fangled ideas that we hear so much about today, and, when the younger generation, through study and close attention to all the newer ideas that are constantly engaging our attention (as well as that of the dear old general public), begins to forge to the front and engage attention, they naturally occupy the position he formerly enjoyed. This seems to make him forget his dignity,

What great heights we might attain were we to put our own selfish interests to one side and dig in and work for the common good.

selves in this unenviable class by succeeding in getting a few rather large fees, and then, through some odd conceit in their make-up, carrying around and exhibiting the checks to their less fortunate brothers.

It's all right to get good fees, but don't gloat over them. The other fellow doesn't like it, and immediately forgets all about your other good points and puts you in this class.

Then we have the "old timer" who has always been aggressive and the leader in his own particular territory.

which he has prized so highly, long enough to hand out a beautiful roast something like this. "Yes, Dr. So-and-so is all right, except he has gone crazy on focal infection. I have teeth that were treated 20 years ago and are still doing duty!" Or it may be that the criticism may embrace the newer ideas on prophylaxis, exodontia, or the growing tendency to get at least a decent fee for services rendered in a real professional way.

Fortunately for the fellows who are trying to keep up to modern dentistry, a knock of this kind is

usually better than a couple of boosts from some other source, especially when administered to a thinking patient, and some times a patient does think.

You all know the "long distance diagnostician". He seems to keep his phone just to tell people who may call him up what is wrong with them and tell them the proper treatment for their ailment; at the same time he will quote a price on his services without even ever seeing the case. If the patient does accept the terms given over the phone, this poor fellow usually finds that there is quite a big difference between the actual conditions in the mouth and the ones mentioned over the phone. At the very least, there must be a lot of explanations, and usually a very bad impression is left in the patient's mind. Many a disgruntled patient has been given a lot of ground for spreading knocks by simply getting another's opinion over the phone about something they know nothing about.

How much better to tell a patient frankly that you cannot diagnose a case or give an estimate without seeing the case and studying it. Surely they will think more highly of you as well as giving a whole lot more thought to the importance of good dentistry.

Here he comes, that little thorn in the side. He works for about half the fees received by others. He is the first to offer his valuable (?) services in a public capacity, when there is any municipal project on hand concerning dentistry, religion or any other topic. When interviewed about joining your

local club and asking fees that are at least liveable, *he* tells you that you are all a bunch of robbers and any way he wouldn't come in because Dr. \_\_\_\_\_ sat next him in lodge when he first came to town and didn't show him a very fraternal spirit when they met outside. Some excuse!

Personally I don't think this type worth the time to convert, because they are naturally too small and narrow ever to do club, society, patients, or even themselves, any good.

Every society has the "born leader." Great on organization, knows all the big fellows in the profession by their first names, taken post-graduate work of all kinds, and tries hard to elevate the profession from every angle but one, and that one, it seems to me, is the most important one of all, unselfishness. He will talk entertainingly on most any subject in dentistry, but ask him to show how to do something practical to help the other fellows climb up to him: well, the Sphinx has nothing on him.

This chap is the least harmful of them all, for he does do some good. He makes the others get busy, and it is not long till there will be several of his associates who will be able not only to hold their own in a discussion with him, but make him hustle some to keep his leadership.

There must be at least 57 more varieties but I think these will be sufficient to make us think a little.

After all what is ethics?

Can an ethical person be unethical? Ethics is not a matter of medicine nor yet of dentistry after all—but just every-day life.

All the codes in the world will not do a bit of good, but if we go back, each and every one of us, to the Golden Rule and "do

unto others as you would have others do unto you" we would all be ethical anywhere and any time.

Waiting, Micawber-like, for something to "turn up" in a certain hospital surgery a dental surgeon was directed by the sister on duty to a male patient who had been sent up from the out-patient department for admission, his paper certifying that he was suffering from tetanus. Upon seeing the patient, our friend asked him to open his mouth. This was done, with a little difficulty, but sufficiently wide to reveal the fact that there was a temporary G. P. filling in the left second lower molar, and indication of a third molar trying to erupt. The surgeon, whose receiving week had just commenced, was due to return from his summer holiday. On his return, our friend congratulated him upon, and expressed his personal appreciation of "the most interesting case," which was "occupying one of the cherished beds in Ward—." At first the surgeon pretended not to understand the observation, but at last, with a merry twinkle in his eye, he said, "Can you take it out?" He also volunteered the information that the patient had a marked skin trouble from the administration of tetino toxins, which had been administered during his absence on holiday. The carious second lower molar was extracted, and the man who had been received as an in-patient, was, the following day, discharged from the hospital, having quite recovered from the alleged tetanus, which had been incorrectly diagnosed. As many of our readers will conclude, the diagnosis should have been trismus.—*The Dental Surgeon* (London).

Two additional assistant school dentists are to be appointed by the Bradford Education Committee at a salary of £500 per annum each, plus bonus. It is proposed to increase the salary of the chief school dentist (Mr. B. North) from £450 to £650, rising to £750 in two years. The Chairman of the Schools Medical Special Sub-Committee is to confer with the Chairman of the Health Committee on the subject of the co-ordination of the dental services of the city.—*The Dental Surgeon* (London).

A pound sterling (£) is \$4.85, American money. A "pound" is also referred to, by those who have one or two, as a "quid." Figure for yourself how much of our money the school dentists receive in England.

# Dam(n) the Mouth Washes and Tooth Pastes, says Dr. Zarbaugh

By LYMAN L. ZARBAUGH, D.D.S., TOLEDO, O.

**B**EFORE we go any further let it be known that "dam(n)" as used in this article is no cuss word, no matter how much we feel like it.

This article was inspired by the writer having read in the February number of **ORAL HYGIENE**, page 197, "Making the Patient say 'Thanks'" by Bessie Neveloff, D.D.S., and the editorial in the same number, "The Voice," page 229; look them up and read them if you have not already done so, because if you have not, or do not, you will not care a damn about this outburst of mine. Print paper is too scarce to allow me to repeat much of these articles, so if you are to get any good out of this, you must read the others. Let us see what Webster says about dam and damn:

"*Dam, n.*, a barrier; shut up; restrain." *Restrain*, that's the word I mean when dam is used; now about the other damn. Webster defines it thus:

"*Damn, v.t.*, consign to a certain fate; condemn as bad or as a failure; censure." So we see that damn is not always a cuss word, and, as used here, means "condemn as bad or a failure" when applied to mouth washes and tooth pastes.

Now why do I say, "Dam the mouth washes"? Words almost fail me; (wait until I roll up my sleeves) because for the past



twenty-five years I have believed that they are a snare and a delusion, because, we have been told by the highest dental authorities, time and time again, that they cannot and do not do any good in the mouth. Prof. H. C. Kelly, before the Massachusetts Dental Society, speaking of mouth washes, said: "Many are mere frauds, containing nothing except water into which a little soap has been dissolved, and which has been highly colored and flavored. It should be distinctly understood that to purchase the ordinary tooth liquid is a waste of good money that cannot be too se-

verely frowned upon." So much for Kelly. Our late beloved Dr. Belcher, writing on the same subject, said: "Skillful advertising, a fancy package and a pleasant taste are enough to sell any preparation and if it is highly colored with carmine, all bets are off."

We, as dentists, know that the devotees of mouth washes bring to us the badly kept mouth, simply because they believed the idiotic, lying statements, made in the advertisements, that *it* will kill the germs, etc., in the mouth, and they neglect the first and most essential thing in cleaning the mouth and teeth, *the diligent use of the tooth brush*. Instead, they tip up the bottle of nice smelling, nice tasting, nice looking confection, and gurgle about a thimble full into the mouth, swish it around and let it go at that; saying to themselves, "Brush my teeth? Rats, I guess not. Don't I have that nice, cool, comfortable, clean feeling in my mouth?" They read that in the ad. Now this is only one of the dam things mouth washes are doing for our patients, a sin of omission, to say nothing of the acid, highly-medicated, perfumed kind that *disturbs the normal balance* of the mouth, a sin of commission. Suffering cat-fish, sour beans, wally-eyed mackerel, the moan of the dying sacred cow of the desert, the things I could say about mouth washes if I could only find the proper words. Now for the dam pastes.

Tooth pastes are also, in my opinion, a snare and a delusion. While they have not the same fault that the washes have, as the

patients will use the brush with the paste, still, the most harmful thing about pastes is the fact that they contain enormous quantities of glycerine, soap, oil, and other ingredients to keep them soft and saleable.

Glycerine and soap, everyone is agreed, should never be used in the mouth, because of their softening effect on the gum tissue. Yet in spite of all that is known about pastes many well-meaning dentists allow their patients to continue the use of them.

I have arrived at these conclusions because, when I take a patient off of washes and pastes and confine him to *powder* the immediate beneficial result is apparent to the patient as well as to me. Bleeding, soft, spongy gums yield readily to the powder diet, and the patients seldom go back to the *confection* dentifrice.

Now this brings us up to the editorial and the article by Dr. Neveloff.

What are we going to tell our patients about oral hygiene that is anywhere near the importance of *how to accomplish the state of health in the mouth*?

It is an established fact that the teeth can be cleaned *only* by mechanical friction produced by the brush. Well! Washes are out on the first count. Pastes, then, with their sloppy, soapy, lubricated content, to produce friction must contain a goodly content of grit, or they are no good—might better have our patients brush with clear water and escape the softening effect of glycerine and soap and the unbalancing of the normal condition of the mouth by the effect of

the perfume, and the nice cooling effect "that comes in every tube."

So I tell my patients that tooth powder is the safest and only dentifrice to use. There are many good powders on the market, all we need to look out for are the gritty ones; any dentist can in a very short time demonstrate to his entire satisfaction which ones he can safely recommend. One way to determine a gritty powder is to rub up a small moistened portion between two

clean glass slabs; if it scratches it's gritty; if not it's safe.

Let us give our patients the right kind of education on oral hygiene. Think over these things; if I am wrong, prove it. If I am right then for goodness sake tell your patients **WHAT** to *employ* to secure this better mouth condition.

Now if you have read the articles before mentioned you know what *this* damn article is about.

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#### OH, BOY!

Don't ever trade yer candy, don't swap yer chewin' gum,  
Don't give away yer apple when you've been eatin' some;  
Be careful 'bout your han'kerchief—not ev'ry feller knows  
You mustn't never use it on yer little brother's nose.

—*Ethan A. Gray, M.D.*

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Definition of a good citizen: A good citizen is one who observes all national, State, and municipal laws and is willing to assist in their enforcement; he is honest and fearless; he is loyal to home, friends, and country, and he does what he can to assist in promoting the moral, intellectual, and physical welfare of the people.



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## From Doughnuts to Dentistry

This is the dental office recently opened by the Salvation Army at Boston, Mass. All treatment is given free of charge.

## Correspondence

*Editor Oral Hygiene:*

For the past five years I have received your publication monthly and look forward to its arrival for I enjoy it. Now I am leaving Bolivia and hope to have ORAL HYGIENE follow me to Paraguay 863, Buenos Aires, Argentine.

Thanking you for contributing to my pleasure and wishing you continued success, I am

Very truly yours,  
C. W. PERDOMO.

Casilla 23-B. Oruro, Bolivia.

*Editor Oral Hygiene:*

I have read with surprise and astonishment Dr. Barrett's paper published in the *Dental Cosmos* which he gave before the Penn State Dental Society. As I read this article I could not help but feel I had in some way picked up an ancient copy of the magazine. To assure myself I turned to the cover and saw the date, 1919. I had expected to find the year to be 1819. I could not rid myself of the feeling that I was reading something written a hundred years ago until I saw the editorial.

And now there is published a letter from Dr. Barrett in the ORAL HYGIENE magazine for January 1920. Can it be possible that Dr. Barrett took the trouble to read that kindly and dignified editorial in the *Dental Cosmos* and still pursue the same methods of discussing the question of the dental hygienist? If Dr. Barrett has not read that editorial, I would advise his doing so at once.

It is always interesting and generally instructive to read

another man's views upon any subject relating to our profession, particularly if his ideas are expressed in logical, truthful, and gentlemanly language.

"Deleted by the Censor"

These are Dr. Barrett's words: "turn your direct gaze and attention on the advocates of the nurse, instead of their theories they profess and ignore—you will find that their interest in oral hygiene, preventive dentistry, and improved public health does not extend much beyond their own office."

"Deleted by the Censor"

It is not true.

If Dr. Barrett does not know this, it is his own fault. He probably has made no effort to find out anything about this question. He must have been satisfied to

sit in his office and shut his eyes, ears, and thinking apparatus. Any new graduate from any dental college, could without much trouble, learn who are the men interested in the oral hygiene campaign, and he would as quickly know that they are the ones who have been and are still willing to work unselfishly for a big ideal.

"Deleted by the Censor"

Yours truly,  
THADDEUS P. HYATT, D.D.S.  
576 Fifth Avenue,  
New York City.

*Editor Oral Hygiene:*

We congratulate you, so worthy a successor to such a beneficent character as the late Editor of ORAL HYGIENE, Dr. W. W. Belcher of Rochester, New York. We also extend to you our heartiest wishes for the success of so laudable an object as that advocated by such an admirable monthly as the one over which you now function as editor.

We are highly elated over the progress made by hygiene movements during the last half-century. The *most important*, by far, is the oral hygiene movement. The mouth is the gate of entrance for the invading hosts of pathogenic germs, the *teeth should be* the citadels of defense against a merciless foe, instead of incubators for breeding an enemy to life.

Our first article upon this subject was written forty years ago. We *knew* we had *cause* for waging war upon oral disease, and warning against its deadly menance to other organs of the

body, but we lacked proof. It was a universal lack. Later on, bacteriological discoveries were announced and confirmed; the germ theory *materialized*; germs, media, and foci of infection were disclosed by experts. Sterilization was determined with scientific exactness. Asepsis was inaugurated. Prof. W. D. Miller produced the lacking proof for the dentist. Forceful advocates of oral hygiene appeared.

Hygiene articles acquired the needed *punch*. Instead of broaching the subject with adroit tact, consummate diplomatic skill or humble apology for injecting our opinions in regard to prophylaxis, upon the learned and unlearned, as we then were obliged to do, the dentist now boldly inserts his instruments of defense against threatened systemic infections, organic disease, and perverted function from oral sources, into diseased, aching, and decayed teeth, in public clinic, without so much as asking permission of the patient to do so. The patients now are more than willing to submit to oral inspection, remedial treatment, and dental repair. If this is not ample reason for the dentist to rejoice, he is a hopeless grouch.

Nearly ten years ago, upon the convention floor of the New Jersey State Dental Society, we alone recognized the Dental Hygienist as a *coming* factor in the polity of states regulating sanitation and hygiene. We advocated the passage of dental laws defining the duties, specifying the limitations, and providing for the proficient training of the Dental Hygienist or nurse, as she was some-

times called. We have lived to see such laws passed in eleven states of the Union, with the possibility that similar acts will be adopted in other states. With the legal recognition of the Dental Hygienist by the intelligent legislators who now represent us in our state governments a precedent has been established. But with the recognition extended by the Federal government at Washington, D. C., the employment of Dental Hygienists in the offices of the Surgeons-General of the United States and the establishment of Civil Service examinations for Dental Hygienists, our attitude upon the question then is now justified.

The Dental Hygienist is destined to perform prodigious service in prophylactic work. We would call the attention of the "doubting Thomases," "conscientious objectors," and obsequious "pacifists" of the dental profession, to the fact that the Dental Hygienist is here and she is here to stay. We also assert that recognition of her place in the corps of prophylactists will become more universal with the lapse of time; the value of the services which she may render will be enhanced by experience; while the practical utility of her mission in the oral hygiene movement as exemplified in hospital and dispensary, school, and public dental clinics will be commensurate with the intelligence displayed in the evolution of the best method for her proficient training and the adequate enactment of appropriate laws defining her rights, privileges and limitations. We would remind you that the experimental stage of testing

has passed and the verdict has been rendered by competent experts. The dental hygienist has proved her mettle in the fiery furnace of war as well as in the peaceful pursuits of industrious civilian life. The question of *adaptability* has been demonstrated in office, laboratory and clinic, while feminine tact and intuition, neatness and refinement are indispensable in handling the heterogeneous, polyglot, mixed classes that are treated in public dental clinics. The aseptic technique required under such conditions, is easily, rapidly and gracefully performed by feminine hands.

This inherent deftness appeals to the common sense patient, under more or less stress, reassuring and inspiring confidence in them for the operation about to be endured. The ability to perform the regular office and clerical work connected inevitably with the keeping of accurate charts and records of each case, is *better* performed by the trained hygienist than anyone else. It is futile to clog the wheels of progress by the fossilized ideas presented by opponents. These ideas may be analyzed under the classification of selfishness, self-interest, commercialism, fear of usurpation expressed by the dentist lest he should be supplanted in his vocation by the over-ambitious dental hygienists (just think how this alarm must convulse the medical profession!) who will overstep the well-defined legal limitations placed upon the services which she must render; the "give an inch, take an ell" argument.

The history of six civilizations

which have occupied this old earth, proves that no *good* is ever accomplished, without *evil* also being present to mar the record. Evil to him who evil thinketh. Shall we cease to do good because evil is present? Shame on such logic! It savors of bigotry, imbecility, senility, or is an echo from autocracy, *kultur*, and mental feudalism. Shall we cease cleaning teeth just because salivary calculus will deposit upon them again within a year? Shall we cease filling teeth upon their approximal surfaces because redecay is possible again at the cervical margin? Shall we stop devitalizing teeth, cease doing root-canal work, making crowns and bridges, or artificial dentures, because the X-ray, microscopy and macroscopy have revealed to us our shortcomings? The answer is "no." We must learn to do better the next time. If evil ensues as the result of our failures, we must build upon the solid foundation of experience better monuments to our ability and skill as dentists.

Why not apply the same logic to the dental hygienist? If she makes some mistakes, so do you. If some are failures as hygienists, so are some men failures as dentists. If the calling of the hygienists is tainted with insidious mercenaries, the dental profession is dishonored with profiteers; and so on down through a lengthy list of criticisms, all having selfishness as their basis. Moreover, because a few dentists are reaping enormous profits in their private offices, through the employment of dental hygienists and the selfish appropriation of hygienic propa-

ganda to their own advantage, is that any reason why the tens of thousands of patients in this country who are deriving daily benefit from the judicious efforts of beneficent dentists, (at a minimum cost per head that is scarcely believable), should go unattended? Let the dentist who arrays himself upon the side of the *lesser* evil against the forces advocating the *greater* good accomplished by hygiene and hygienists beware lest the guns firing his broadside of effete barnacles be turned against him with the shrapnel of truth, and blow him and his arguments to pieces. The expert hygienist now possesses unlimited magazines of ammunition stored away in files and cabinets, charts and records, but best of all, in the mouths of grateful patients.

It is dastardly for obstructionists to impede the advent of feminism into the hygiene movement, for it is here where she *shines*. We have just passed through five years of *destruction*. Now let us devote the rest of the twentieth century to *construction*. Fifty million lives have been snuffed out,—let us make the existence of the remaining sixteen hundred million more comfortable. Hygiene is a potential factor in accomplishing such colossal work. The hygienist is a humane unit in the task of *rehabilitation*. Alone, she is helpless; organized into corps of systematic operators united in aim, concentrated in action, they will prove an invincible foe to disease, with the co-operation of the professions. Will you co-operate? If you won't let me assure you

that your pigmy obstructions will be hurled aside by the relentless onward and upward sweep of an outraged, pitiless, *enlightened* civilization. Do you refuse to become a *dynamic unit* in the reconstruction era now thrust upon us by the fiercest competitive agencies ever let loose in the history of the world? Far better would it be for a mill-stone to be hung about your neck and your body cast into the depths of the sea.

No man, in this day and generation, has any business to stay in the ranks of the professionals, who dares to question the venom of sepsis or the integrity of the means employed to combat its inroads upon the human organs; whether such means shall be called vaccines or anti-toxins, antisepsics or germicides, prophylaxis or hygiene, or whether the agents engaged in the work be bacteriologists or pathologists, surgeons or nurses, dentists or hygienists. The *gist* of the whole subject is centered in one word: *prevention*. Consolidate your *units* of dental hygienists, consolidate your *units* of dentists, consolidate your *units* of nurses, of medical men, surgeons, pathologists, bacteriologists, and you create an irresistible force that builds Panama Canals, sanitates Havanas, wipes out the red-light districts of our populous cities, restores health and vigor to wide areas of pestilent, infected country, stays the ravages of scourges that are the inevitable sequence of wars, and rescues from untimely deaths the millions that would otherwise die annually from preventable diseases. Do the re-

sults justify the effort? There can be but one answer. The history of scientific results already achieved is the irrefutable logic that proves the answer. *Yes!*

We can see the ultimate triumph of the Dental Hygienist over the scoffer, hygiene over disease, sanitation over filth. The *humanitarian* will conquer the *beast*, good-will overcome evil, right supplant wrong. The day is not far distant when we will hear, together with the battle-scarred veteran champions of truth, the welcome sounds of *victory*. Remember this, *ye* who bear the brunt of the fight and survive the conflict. *Fight on!*

It must have been with thoughts akin to these that Dr. William W. Belcher's soul winged its flight to immortality. The announcement of his death came like a thunderbolt out of a clear sky. We have not yet recovered from the shock. For many years, we corresponded with each other upon topics of mutual interest, and letters were being exchanged between us when he passed away. In Dr. Belcher we found a kindred spirit. We had no suspicion that he was ill. Not a hint of it appeared in any of his communications.

Martyrs are not limited to any century, clime, or vocation.

ALPHONSO IRWIN, D.D.S.,  
425 Cooper St.,  
Camden, N. J.

*Editor Oral Hygiene:*

The "bug-a-boo" which frightens many dentists into asking very ridiculously low fees for their services is the fanciful fear of competition.

When a dentist humiliates himself and degrades his profession by devoting an hour of his time to prophylactic work for one dollar, or thirty minutes to exodontia for the same fee, it is not because he does not realize he ought to charge more, and that he is doing himself an injustice by not charging more. Perhaps he is even mentally disgusted with himself for asking so little.

His failure to exact a proper remuneration for his labor seems, in most cases, to be due to a too-common theory that the raising of his fees would induce his patients to desert him for one of his less expensive professional neighbors.

Would they? Most of us believe they would not; but if, for a moment, I thought my patients would, my prices would advance at once and I would quietly and modestly withdraw from the profession.

I, for one, do not want to treat anyone whose only incentive for entrusting as important a part of their anatomy as the oral cavity to my care is the fact that my fee is a little lower than anyone's else in the neighborhood.

Such people would just as readily place themselves in the hands of their carpenter or plumber.

Take a particular case in the practice of the dentist, dissatisfied with his fees, yet doubtful of his ability to increase them. Let us suppose this case to be that of a man in very moderate circumstances. Note his apparel: it isn't of the cheapest material; some reasoning has induced him to expend just a little more for a

little better quality clothing. How does he live? Not in the poorest hovel. Pride and love of his family have influenced a further expenditure above the minimum for better living quarters.

So we could go on from his home to the restaurant he patronizes, to the "movie" seat he purchases and the physician he sends for when the stork calls at his house.

In no case does he seek the irreducible minimum in cost. Then why assume when this man visits the dentist that he wants the very cheapest dental service?

Is it not possible, in estimating on what will cost him the least instead of what would be the very best, that we may be doing this patient, and others besides, as much of an injustice as we do ourselves?

I always feel a bit flattered when I go into a clothing store and am shown the highest price suit first and a bit embarrassed when the salesman selects the cheapest. Perhaps patients feel just that way toward us. Flattery and tact are excellent traits for dentists to possess.

Sometimes, in discussing prices with other dentists, one comes back this way: "How can I charge more than others? I don't do better work."

Perhaps he does. Maybe he attends his society meetings, joins study classes and spends his leisure time reading dental magazines and text books. But, that's not essential.

As the editor of this magazine pointed out in the February issue: "We are all average practitioners" and as an Irishman once put it:

"Begorra, one man's as good as another and better."

But—did you ever bluff in poker? And get away with it?

Raising fees in dentistry is very similar to that. It is an implied claim that your work is better and that you know it. Of course, you can't say so to your patients but they will tell others for you.

If you charge twice as much for an amalgam restoration as the dentist practicing across the way, those who come to your office will feel convinced of a superiority in your filling. It won't be long, I venture to predict, before the other fellow will awaken to the fact that you are receiving higher fees, and his will advance proportionately.

Over here in the East, in New York City and vicinity, the dentists are organizing economic leagues to regulate the minimum prices of dentistry. What the prices are is irrelevant. What I wish to call attention to principally is this: that large groups of our profession are competing with each other, not to see who can render the best service to their patients, but who can render the cheapest. Could the fortunate winner in this type of competition by any chance be a creditable dentist?

These men are apparently afraid to charge more for their work until everyone else in the neighborhood signs a written agreement to do the same. That fear of competition pervades their mind, dominates their relations with their patients and regulates their lives.

When a patient calls for ex-

amination, their plan apparently is not to compute the estimated value of the work, they have only a vague idea (if any) of the cost of the work to them or the time to be consumed. Uppermost in their thoughts is: "What would the lower priced dentists in this section ask?" and then they offer to do it five dollars cheaper.

Good clothing, pure food, desirable apartments, substantial automobiles, are never cheap, because the manufacturers or owners are business men who will not dispose of the products of their labor at a loss. Dentists, not being business men, will.

Mr. Bosworth, than whom no one can speak with greater authority, says: "During my observation into the many dentists' books and plans of handling fees for the different classes of work, I find, with few exceptions, that there are six or seven things that dentists make a profit on and the balance are done at a loss."

The question of fees is obviously not a subject for discussion at society meetings. Economic leagues for regulation of dental fees will fail as surely as leagues for the elimination of gravitation or societies to aid the poor by petitioning for more sunshine. All are fundamentally wrong in principle.

What is permissible, desirable and advantageous are discussions on business practice, efficient office management and systematic bookkeeping.

When dentists become more competent dentists, better managers of their offices and more sincere confreres of their "competitors," dental fees will advance.

Until then, dentists who complain should realize they have only themselves to blame.

CHARLES WOLFF, D.D.S.,  
1071 St. Nicholas Ave.,  
New York City.

absence. Found your interesting, valuable journal ORAL HYGIENE. Many thanks.

Sincerely,  
W. H. M. KEY, M. D.

*Editor Oral Hygiene:*

Just returned after five years

Membre du Comite Consultatif pour la Turquie d'Asia de l'association Medicale Internationale.  
Jerusalem, Syria.

## Federal Aid to Soldiers

IN almost every community in the United States there is a discharged soldier, sailor, marine, or war nurse, suffering from some injury, or ailment, which dates back to service with the fighting forces.

Often this injury or ailment has made it hard or impossible for them to fit in where they did formerly. They are handicapped and need help; not charity, but mental and physical reconstruction. In many cases such people unfortunately keep their troubles to themselves. They are reluctant to seek aid or advice, for fear their friends might consider them weak. Possibly you know such a person.

If you do, encourage him to take his troubles to the Government. The War Risk Insurance Bureau and the United States Public Health Service are especially anxious to get in touch with such individuals. The Public Health Service has set up a chain of reconstruction bases throughout the country for beneficiaries of the War Risk Bureau. These are not Army hospitals, nor is there Army discipline in connection with them, but rather a system of hospitals similar to the general hospital in large cities except that the treatment is free and goes much further than in the ordinary hospital.

Recreation, vocational training and wholesome entertainment are combined with treatment. While men are being bodily rebuilt they have the opportunity of learning some useful occupation, or pursuing academic studies. They are taught not only to find themselves, but to better their condition. The environment is as homelike as it is possible to make it.

A great many men who went into the Army have developed tuberculosis and other diseases requiring special treatment. The Public Health Service has separate hospitals and sanatoriums for these patients, where they may get the best treatment known to medical science.

A large number of soldiers are not yet aware that the Government offers them free treatment. Please tell them.

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# EDITORIAL

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ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine

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## Boys and Dogs



Just to show you how happily good boys, good dogs and good teeth get along together. This is my son, Corliss, and his Airedale, Mack.

kind of a dog. But a lot of times a pretty good sort of a boy lets stains accumulate upon his teeth and food gets in between them and when he has a cavity he keeps it to himself and before long he is simply punching holes in his meals with a few teeth instead of being able to masticate.

Small boys always take a lot of pleasure in carefully examining the teeth of their dogs. If they would just consider that one of the main reasons why a dog is so cheerful and so active and so healthy is because his mouth is in proper condition, they would realize that they too must have healthy mouths to keep up with the dog.

A short time ago *Life* printed a Boy Scout number and in the Boy Scout number there was a double page cartoon of a parade of dogs with happy faces carrying banners that told of the virtues of their young masters—youngsters

ANY boy who grows up without a dog of his own, misses a lot of fun in this life.

When you overlook a lot of fun that you could have had when you were a kid, it is very difficult to go back and make up the loss.

In one thing the dog sometimes is ahead of his young master. That one thing is that the dog always has clean teeth and healthy gums, if he is any

who were always kind to their animals and thoughtful of other people. This dog parade showed very clearly that a dog is indeed very fortunate if he has a Boy Scout for his master. One of the places to do the missionary work in teaching mouth hygiene is among the Boy Scouts because they have the very highest percentage of the intelligent youth.

If every boy keeps his mouth just as clean as a good healthy dog does, we shall have a lot of energetic, husky future citizens who will contribute very largely to the joy of living.

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### The School Clinic

A SHORT time ago the young son of a very well known dealer in dental supplies came home from school with his clinic card. This card indicated that the child's first molars were in such an advanced state of decay that extraction was necessary.

The father, although very familiar with dentistry and dental subjects, had never realized that these first molars were permanent, and, as a result, he had allowed the child to lose the four most important teeth in the mouth while he labored under the impression that these were temporary teeth and would be replaced.

If a calamity of that kind could happen to a child of one who is familiar with the importance of the mouth, how many times it must have happened to those who know nothing of the mouth?

The examinations that are conducted by the school clinics are growing in importance constantly, and they are resulting in a more wide-spread conservation of teeth. If there are any towns of considerable size, and any cities that are yet without public school dental clinics, it is time they get busy and do something.

## The Shoemaker and His Last

### Examination of Teeth and Cella Tursica of Master Ralph

The left second molar is unerupted, both bicuspids and canines and the same thing is true in the right upper jaw. The left lower jaw, the second molar is unerupted, the first five bicuspids and canines are unerupted, but are working their way through at the area provided by the braces. The left lower second bicuspid is absent. In the right lower jaw the canine is unerupted and the second bicuspid is unerupted. I see no evidence of disease. I do not know how much this general tension is having on his symptoms, but they are very surely necessary to provide space for his teeth.

The cella tursica is not enlarged and I believe there is nothing abnormal about it.

DR. \_\_\_\_\_

To be given to the dentist who is caring for Ralph's teeth.

DR. \_\_\_\_\_

As an example of what an amateur can do in the way of dental diagnosis this X-ray report is submitted.

The physician who charged a patient real money for this may be very able in his own line, but has a lot to learn when it comes to the mouth.

When a dental diagnosis is to be made the man to make it is a dentist.

When a medical diagnosis is to be made, the man to make it is a physician.

The fellow who dropped a remark a few thousand years ago about the shoemaker sticking to his last had the right idea.

## Hippocrates Up-To-Date

OUT west they have a way of doing things. In many of the more populous states the question of the dental advertiser has been discussed and various vicarious methods of stamping out the advertising evil have been adopted without much result.

Arizona, the land of turquoise skies and deserts and of Gila monsters and bonanza mines to say nothing of rich irrigated agricultural districts, has a state board that swears all applicants to a modern oath of Hippocrates.

According to the Tucson *Citizen*, the State Dental Board of Arizona exacts the following oath from every dentist to whom a license is granted:

"I hereby pledge my solemn oath that I will not advertise as a dentist in any capacity, and will not associate myself in the practice of dentistry with any dentist or firm of dentists or corporation engaged in performing dental work or service that does advertise\*\*\* under the penalty of the revocation of my license by the State of Arizona."

A writer in *Western Advertising* is turning verbal handsprings over the tendency of all states to put an abrupt end to dental advertising. The objection seems to consist largely in the abrogation of the so-called right of free speech. Nobody criticises "free speech" when the truth is told, but today the fellow who has "cure-all" claims to put forth either in dentistry or medicine is up against a tough proposition.

In *Western Advertising* Mr. Moses says:

It seems to me there is a very broad principle involved in this matter that is of peculiar interest to the newspaper and magazine business. Advertising is one of the most important things a publisher has to sell, yet here is a great profession which discredits advertising and forbids its employment under a penalty which takes away the right to make a livelihood. Is the time not here for Organized Advertising to clean up a situation that not only places advertising in a disreputable light, but cuts down the earning capacity of the publisher by abridging the use of advertising? There are millions of people ignorant of the dangers of diseased teeth and the blessings of good teeth. It is represented by those who ought to know that not more than thirty people in 100 visit a dentist's office. Ignorance keeps most of the other seventy away. Advertising of dentistry would supply the information that is so badly needed by so many people.

The place to look for information is in the reading

columns of magazines and newspapers and it is there that the real information for the enlightenment of the public will be found.

Professional advertising has dealt almost exclusively in misinformation for the last hundred years. It is not necessary for capable men to advertise in any profession. There is enough legitimate commercial advertising to support all of the publications that we need in this country.

Now that print paper is so scarce and that the advertising managers and writers have made a very successful effort to drag their business from the mire and raise it to the level of expert salesmanship, wouldn't it be a good plan for them to join with the best element of dentistry and decline to handle dental advertising?

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## Do It Now

Now that you have decided to go to the National, make your hotel reservation early. The committee in charge have an experienced man who will devote his entire time to arranging hotel accommodations for the members of the N. D. A.

Do not hesitate to send in inquiries; he is paid for his work. A complete list of the hotels of Boston with rates, single or double, with or without bath has been made. This list is complete for the week of the convention.

If the hotels are unable to take care of all the visitors a supplementary list of rooming houses and private dwellings will be made.

Make your reservation now. It is easier to cancel a reservation if you should be unable to attend than it is to get a room at the last minute.

Take the matter up now with Dr. Wm. Rice, chairman of Committee on Hotel Accommodations, Box 126, Boston, Mass.

## Health or Beauty?

THE Chicago *Tribune*, which modestly claims to be the "world's greatest newspaper", evidently considers dentistry, dental pathology and the serious systemic complications that come from focal infections in the mouth, subjects that are more closely allied with beauty than with health.

The *Tribune* has both a health and a beauty department.

Since the "powers that be" do not see fit to consider the health of the mouth in the Department of Health, would it not seem reasonable to institute a Dental Department and not expose the readers of that journal to the well-intentioned but incompetent dental advice of the beauty editor?

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## The Home of the Dictionary

Of all the Websters in America, two stand out in history as shining lights; one was named for the gentleman who bearded the lions in their den—rather a dry job.

The other famous Webster was named for the man whose ideas were incorporated into the wooden ship building plan of the Shipping Board in the recent war—the same person who floated around for forty days with a cargo that gave P. T. Barnum his ideas, and, incidentally, the first man to advertise the olive industry, with its resultant botulism. The person to whom I refer was Noah.

Noah Webster, although named for the man who had the wettest job in history, was of an essentially dry type—you can prove this by reading his book.

In Noah Webster's book he says that a seminar is "a group of students pursuing an advanced course of study in a particular college or university."

At the Boston meeting of the National Dental Association in June the seminar plan will be followed.

The idea of a seminar course meeting is "an assembly of dentists for the study of some specific phase of dentistry under leaders or teachers."

The organization of the National Meeting provides for six sections: (1) Operative Dentistry, Materia Medica and Therapeutics. (2) Prosthetic Dentistry and Crown and Bridgework. (3) Oral Surgery, Exodontia and Anesthesia. (4) Orthodontia and Periodontia. (5) Organization, Mouth Hygiene and Public Service. (6) Histology, Physiology, Pathology, Bacteriology and Chemistry (Research).

The sections will occupy the same room throughout the entire course, the mornings of each day being devoted to essays and papers, short and to the point and the afternoons to demonstrations and clinics covering the papers of the morning.

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### Ether Analgesia

THE few improvements that have been made in general anesthetics since their original discovery, have marked an epoch in the progress of the elimination of pain. When analgesia with nitrous oxide and oxygen was first introduced it was received with a great deal of reserved enthusiasm. For a number of years there was a latent fear that the half anesthetic state would prove quite dangerous. This fear has finally been expelled and today analgesia has taken its regular place as a part of anesthesia and is used in those cases where it is undesirable to develop the full narcosis and is no more unusual than the ordinary anesthetic.

According to the du Pont Company a new development in ether has been worked out by Dr. James Cotton, of Toronto. This new ether is a very highly refined di-ethyl ether, which is modified by the addition of certain gases, which have evolved the following properties: first, this new ether will induce and maintain anesthesia with

practical freedom from post-operative nausea, and it will induce and maintain analgesia indefinitely. This property in a form of ether is entirely new and was undoubtedly suggested by the success with nitrous oxide and oxygen in the same field.

The cumbersome apparatus necessary for the gas will, of course, be eliminated with the new method and analgesia as a general surgical measure will undoubtedly have a wide application. This will, of course, have its effect upon the surgery of the mouth and will greatly simplify certain anesthetic difficulties in the handling of blood and saliva.

Many operations that are now performed without an anesthetic will no longer be prolific causes of pain, because if this anesthetic does what is claimed for it, or even half of what is claimed for it, it will be in common use everywhere.

In obstetrics there will be a very wide demand for such a drug: and in dentistry almost any operation can be performed under it without pain.

The simple method of administering this new type of anesthetic will give satisfaction. The ether spray apparatus will handle an anesthetic of this variety better than the old cone apparatus, and the spray machines also are very economical in the use of the ether.

Let us hope that the expectations in regard to the new ether will be more than realized.

It will be particularly adaptable for use in combination with nitrous oxide and oxygen.

There is only one fly in the ointment. The manufacturers refuse to give the formula of this drug. Much as we would appreciate these new ether properties, our solicitude for our patients, as well as our legal responsibility, will make us very cautious in the use of an unknown formula. The first question the attorney for the plaintiff asks is, "What is the formula of this new anesthetic that you used on this patient?" Who wants to say "I don't know?"

## Laffodontia

If you have a story that appeals to you as funny, send it in to the editor of this page, George L. Kinter, 103 Clarendon Ave., Crafton Heights, Pa. He *may* print it—but he won't send it back.

*There was once a lady quite spacious,  
Who lived in the time of Horatius.  
The robes that she wore  
Measured ten yards or more,  
Yet hardly went 'round her—my gracious!*

Flossie—"I got a letter from Frank—he's in Florida—the hateful old thing."

Flora—"What makes you call him 'a hateful old thing'?"

Flosie—"He said he shot a seven-foot alligator, and as soon as he shoots another one, he will have a pair of slippers made for me."

"A friend of mine fell asleep in the bath tub with the water running."

"Did the tub overflow?"

"Nope; luckily he sleeps with his mouth open."

Classical Dancer—"Doctor I want to be vaccinated somewhere where it won't show."

Doctor—"Well Miss, I'm afraid I will have to do it internally."

"Did she tell you the truth when you asked her how old she was?"

"Yes. She said it was none of my business."

Clements (*just returned from two years in China*): I can't go to the dance, Bill; I haven't any decent shoes.

Bill: Man, man! You talk as if we still danced with our feet!

Police Commissioner—"If you were ordered to disperse a mob what would you do?"

Applicant—"Pass around the hat."

P. C.—"You'll do."

"I dreamed last night I was running a big bluff in a poker game."

"Did you get away with it?"

"No; I made a big raise and the alarm clock called me."

"You don't call me 'cutie' any more."

"No girlie, that word is too reminiscent of life in the trenches."

A long, long time ago when "I'll take the same" was a popular expression, O'Malley walked up to the bar and asked for three fingers of "dinnemite."

"What will you have for a chaser?" asked the man behind the bar.

O'Malley drained his glass and as he made a break for the door, yelled over his shoulder:

"You, you big stiff."

Teacher: "Now, Robert, what plants flourish in excessive heat?"

Bobby: "Ice plants."